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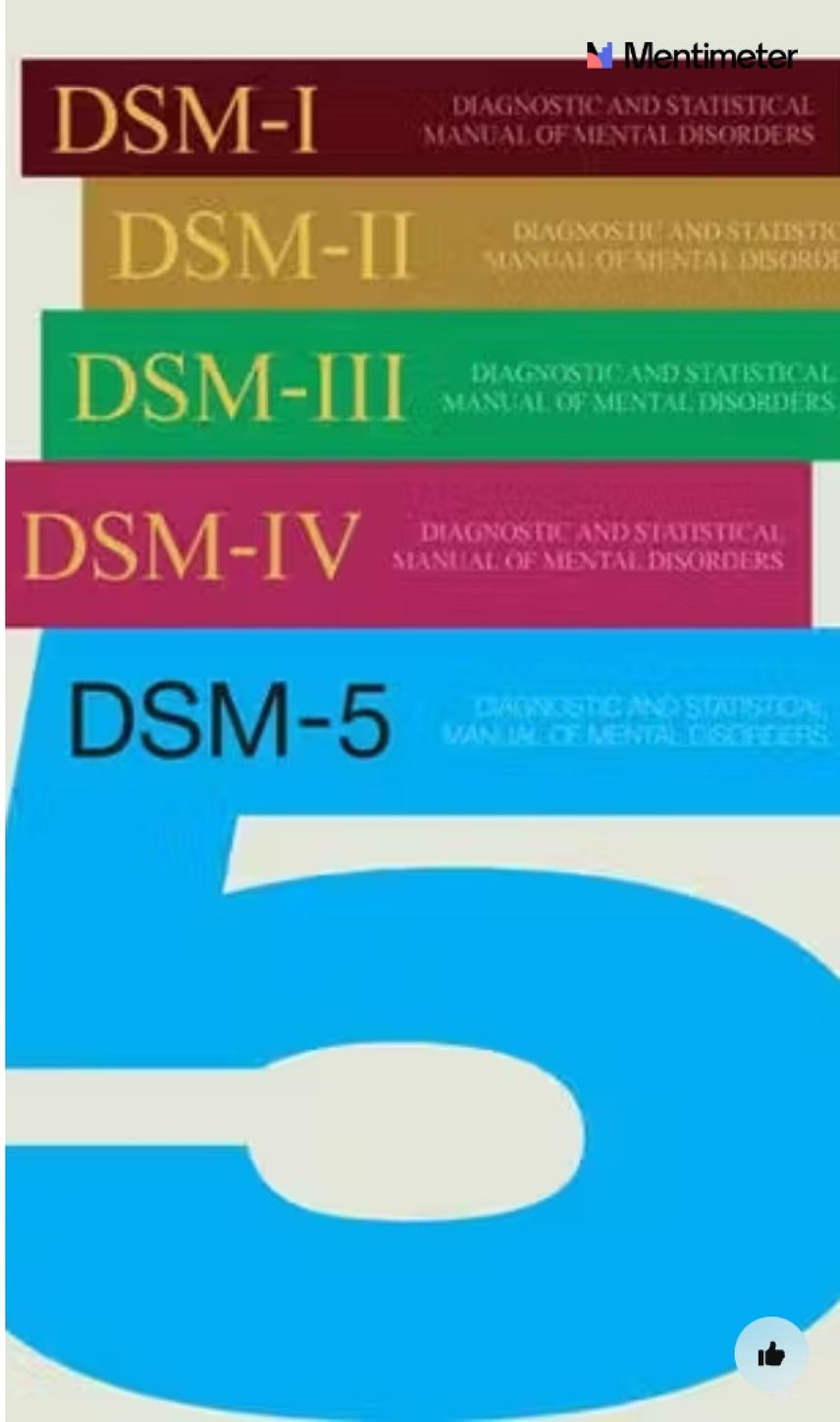
Introduction to ADHD

Dr Sam Worth - Educational Psychologist

Attention Deficit Hyperactivity Disorder

"A persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development."



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ADHD Subtypes

Inattentive

Inability to pay attention, daydreaming, disorganized

Hyperactive & impulsive

Fidgeting, poor self-control

Combined

Both inattentive and hyperactive

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Inattention

- Fails to give close attention to details / makes careless mistakes.
- Difficulty sustaining attention in tasks or play.
- Doesn't seem to listen to when spoken to.
- Doesn't follow through on instructions (not due to defiance).
- Difficulties organising task and activities.
- Avoids / dislikes tasks requiring sustained mental effort.
- Loses things necessary for tasks.
- Easily distracted.
- Forgetful in daily activities.

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Hyperactivity and/or impulsivity

- Often fidgets, squirms in seat, taps hands / feet.
- Often leaves seat in situations where remaining seated is expected.
- Often runs, climbs when it's inappropriate to do so (in adolescents this may be limited to feeling restless).
- Often unable to engage in activities quietly.
- Often "on the go", acts as if driven by a motor.
- Often talks excessively.
- Often blurts out answers before a question is completed.
- Difficulty waiting turn.
- Often interrupts or intrudes on others.

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External presentation:

- Excessive movement / hyperactivity
- Interrupting others or not waiting turns
- More physical or aggressive behaviour
- Louder expressions of anger or frustration

Internal presentation:

- Daydreaming or becoming lost in thought
- Internal expressions of emotional dysregulation (e.g. anxiety and worry)
- Social withdrawal

3:1 diagnosis ratio (boys:girls)

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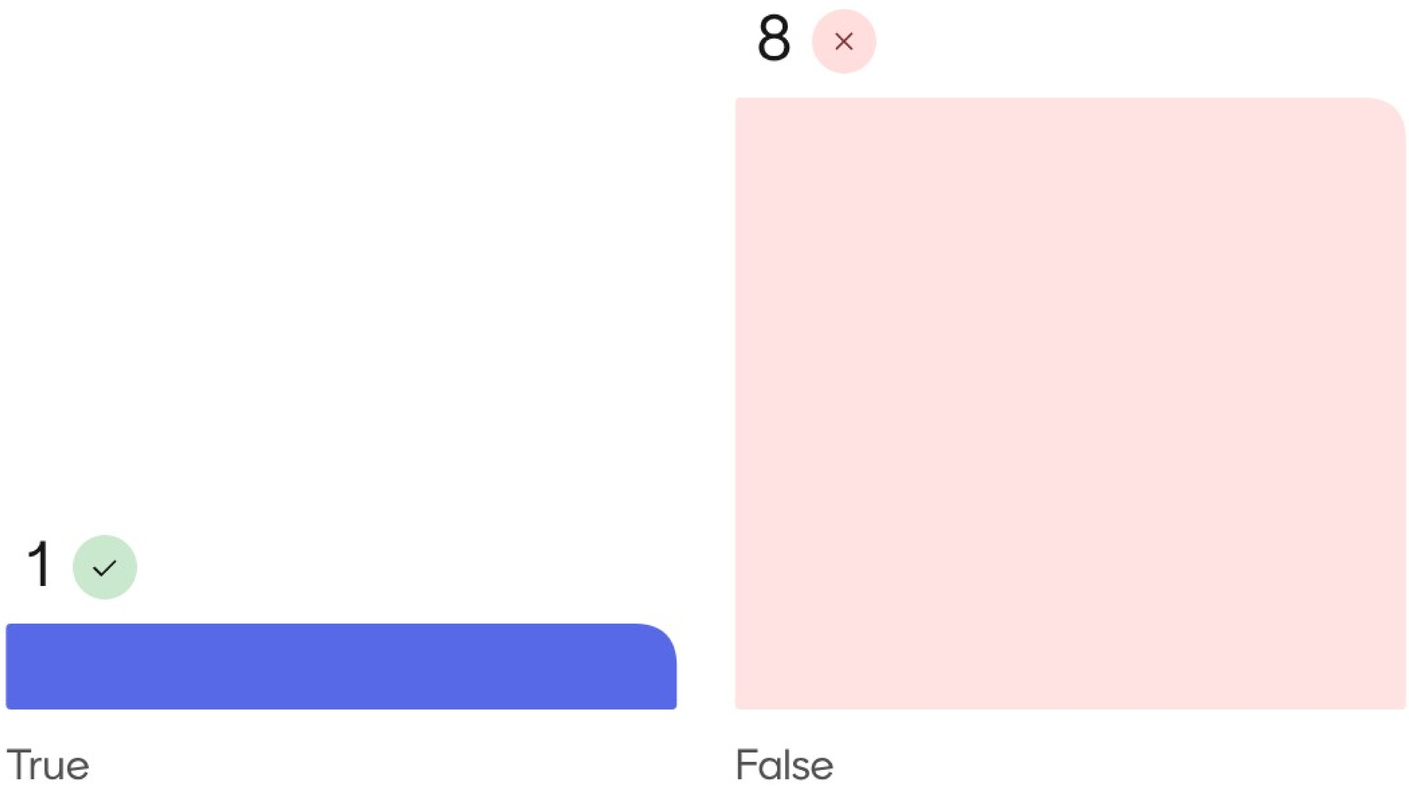
If an **identical twin** has ADHD, the other twin will have ADHD in 75-90% of cases.



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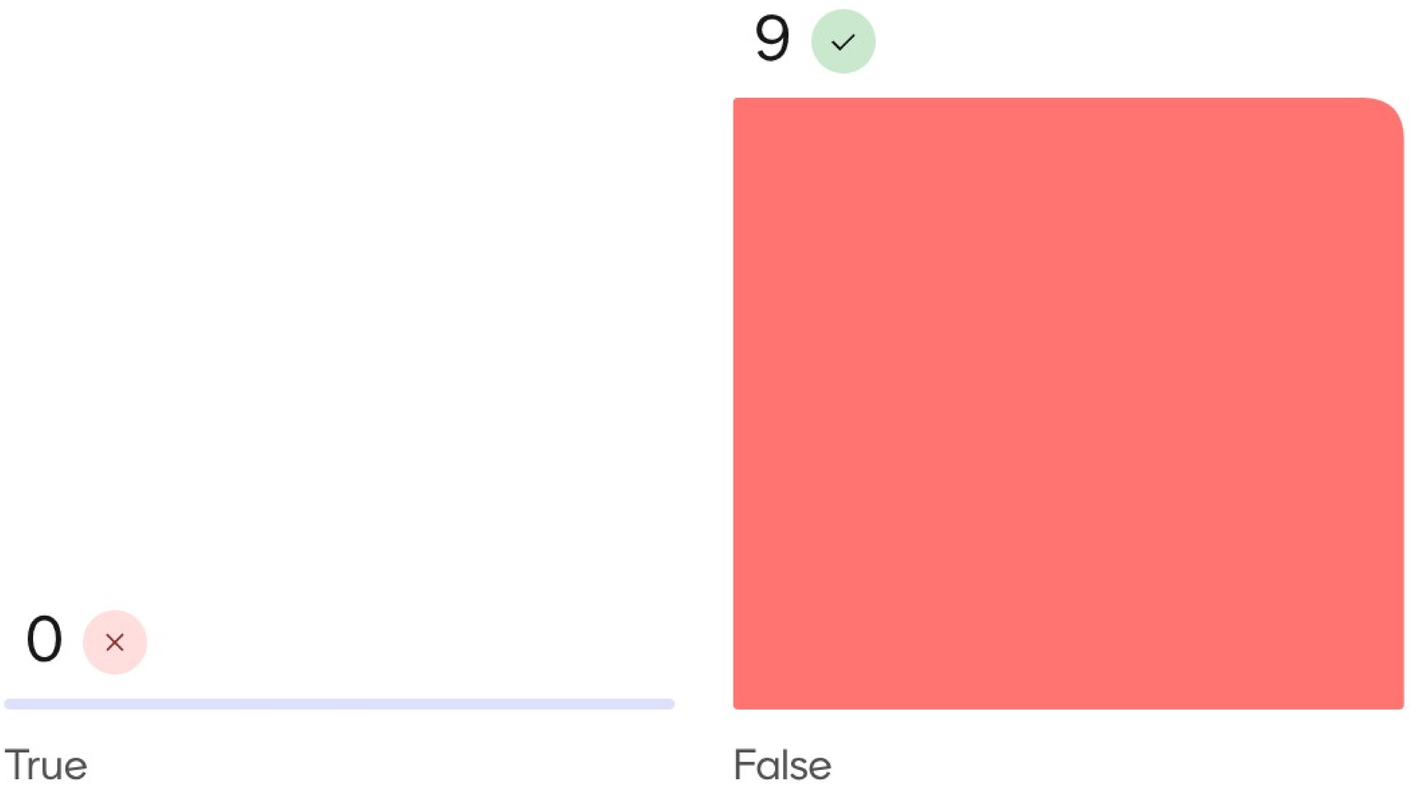
Children with ADHD will eventually **grow out of it.** Brain development will catch up by the time they reach adulthood.



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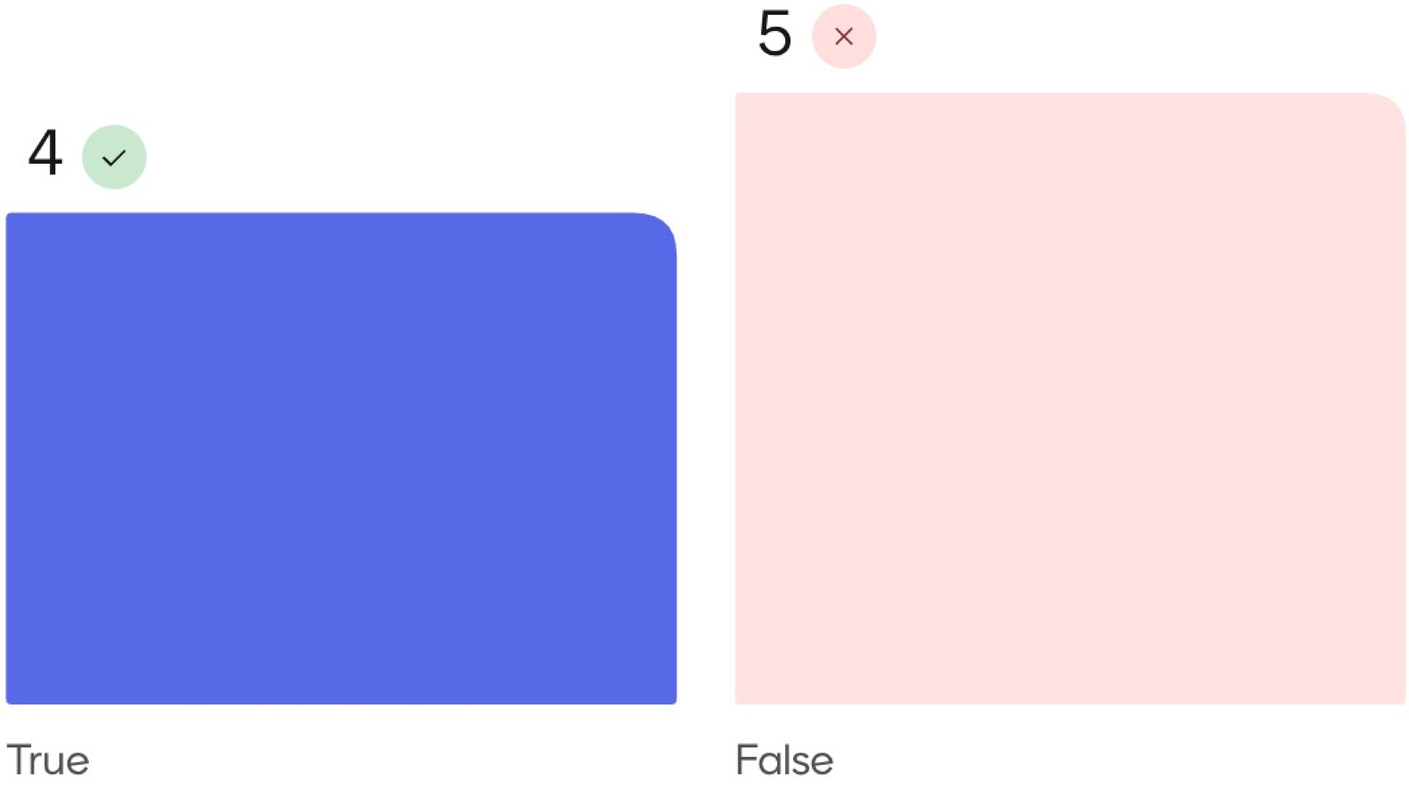
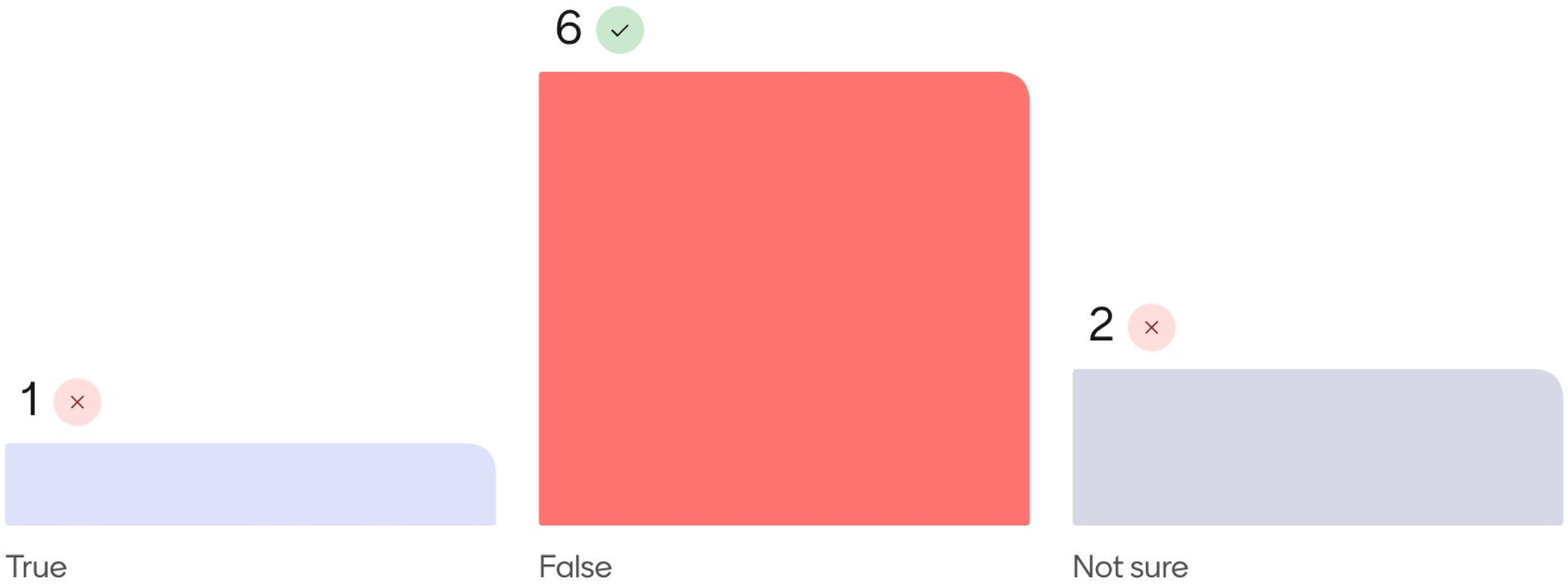
Specific **brain regions** linked to ADHD, can be up to **30% smaller** in children with ADHD.



Trauma **causes** ADHD



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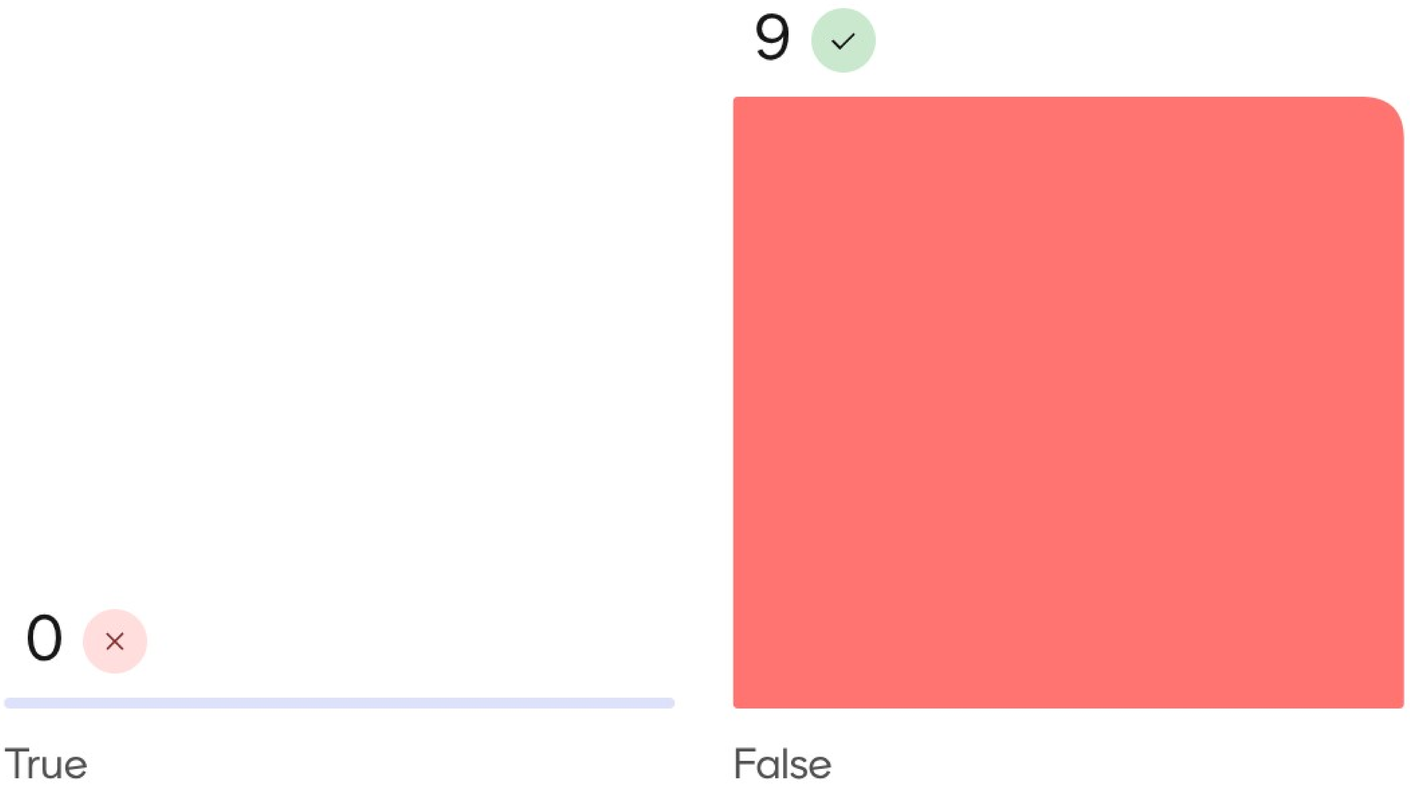
ADHD is caused by **bad parenting** and a lack of discipline.



"The genetics of ADHD are almost as strong as for height. Tall people tend to have tall children regardless of who raises them. People with ADHD tend to have children with ADHD, regardless of who raises them"

– Bertin, 2015

Diagnosing ADHD

- ADHD is diagnosed by a medical professional (e.g. paediatricians, psychiatrists)
- A referral can be made through your GP
- To meet the criteria, children must present with six of the previous symptoms
- Symptoms must be present across more than one setting (e.g. home, school, social settings)
- Your child does not need a diagnosis in order to be supported with ADHD symptoms
- There is long waitlist. Right to choose has helped in some cases
- Instead of sitting on an NHS waitlist for 1–3 years, you could request a referral to a private provider

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Overlapping symptoms

- Many children are easily distracted or impulsive, particularly under the age of five.
- This does not mean that they have ADHD.
- The symptoms of ADHD can overlap with mental health challenges (like anxiety or depression), attachment issues, responses to trauma and Autism.
- It is important to explore all options with school/other professionals

Medical intervention

- ADHD medications work by increasing activity in the prefrontal cortex
- The prefrontal cortex is responsible for impulse control, planning, self-regulation
- It must be prescribed by a medical professional
- There are side effects that are particularly an issue for younger children (e.g. sleep issues, appetite, stunted growth)
- They should not be a first line of treatment. Environmental modifications should be made first

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Non-medical interventions

- Physical activity
- Consistent sleep routine / sleep hygiene
- Dietary changes to support symptom management (sugar/caffeine)
- Skill development
- CBT

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Treatment type	Effectiveness	Best for	Potential downsides
Medication only	High (core symptoms)	Quick symptom relief to facilitate access to non-medical support	Side effects
Non-medical only	Moderate (skills, behaviour, environmental adjustments)	Younger children, families preferring non-drug options	Not instant/patience required
Combined	Highest overall	Long-term outcomes, holistic support	Side effects

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Support in school

- Classroom positioning
- Chunking of tasks
- Visual checklists, aids and timers
- Sensory support (e.g. wobble cushions, fidget tools, movement breaks)
- Short, concise instructions (represented visually)
- Regular and timely feedback
- Support with conflict resolution / repairing relationships

Advice for parents

- Same as in school, plus:
- Learn about ADHD and learn about your child
- Model self-regulation and co-regulation (managing emotions and staying calm under stress)
- Encourage physical activity
- Consistent sleep routine
- Balanced diet and limited screen time
- School-home collaboration
- Monitor progress and advocate when necessary

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How to emotion coach

1. **Labelling the emotion**
2. **Empathising**
3. **Validating**
4. **Setting limits (if needed) and**
5. **Problem solving.**

"I think you're angry because you've had to stop doing your favourite activity. I'd be frustrated too if I had been interrupted from something I enjoy. It's ok to be frustrated, but it's not ok to say mean things as it upsets others. When I feel frustrated, I find it helpful to count down from 20. Let's try it together now".

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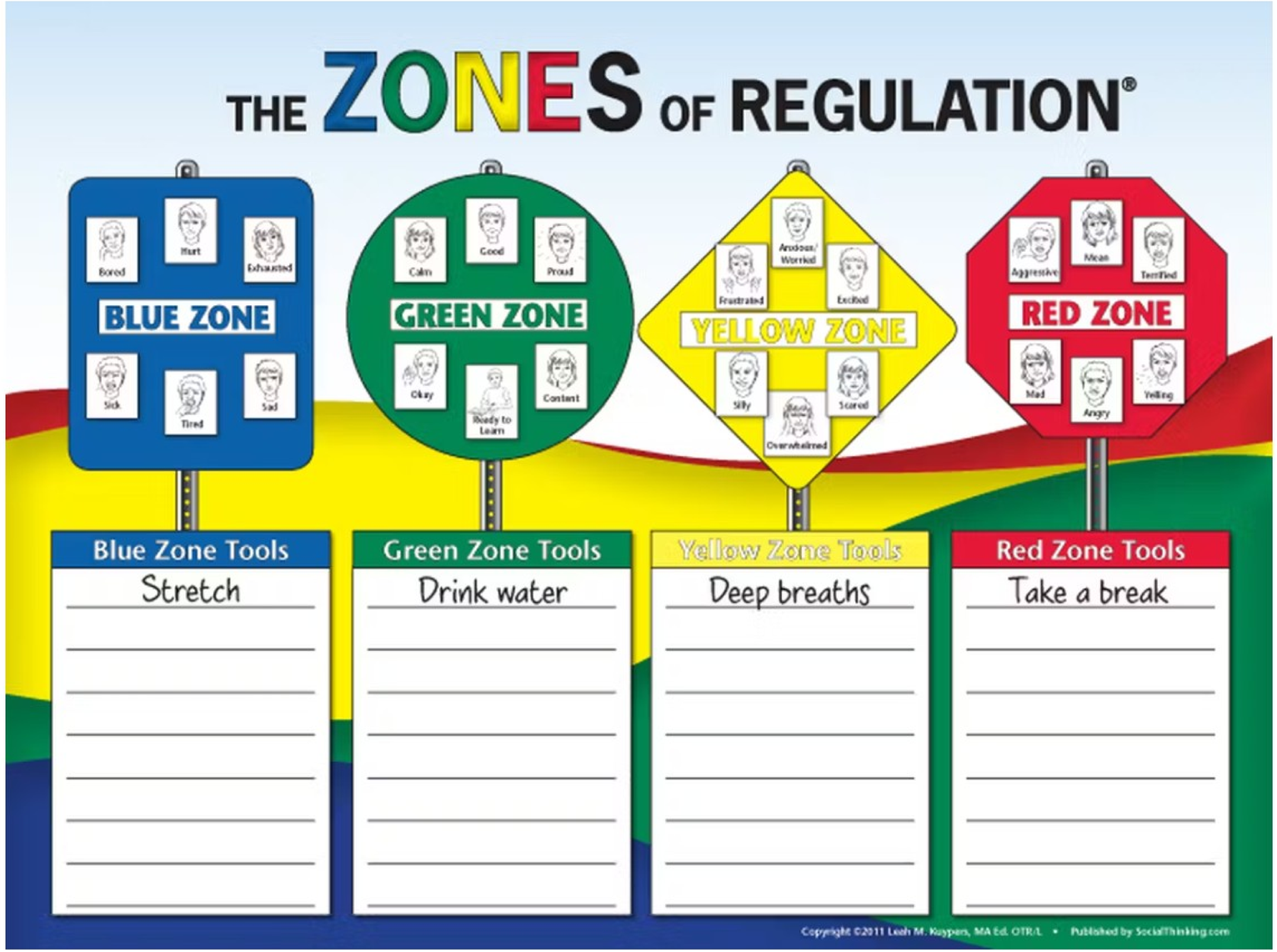
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Deep breaths
Red Zone Tools
Take a break
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Love, care and acceptance

Celebrate their strengths regularly and notice their differences, not deficits

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It can be **hard to meet the expectations** of other people who care for you.
This could make you feel **stressed.**
Stress causes the symptoms of ADHD to **get worse...**

THANK YOU